TABLE 3.—SUMMARY: CLINICAL SITUATIONS AND RECOMMENDATIONS FOR USE OF ANTIRETROVIRAL DRUGS TO REDUCE PERINATAL HIV TRANSMISSION—Continued

Clinical scenario	Recommendation*
	If the woman's status is such that therapy would be considered optional, the use of additional antiretrovirals may be offered, although whether this will provide additional benefit to the woman or her child is not known.
	Women who are in the first trimester of pregnancy may wish to consider delaying initiation of therapy at least until after 10 to 12 weeks gestation.
Scenario #2: HIV-infected women receiving antiretroviral therapy during the current pregnancy.	HIV–1 infected women receiving antiretroviral therapy in whom pregnancy is identified after the first trimester should continue therapy.
	For women receiving antiretroviral therapy in whom pregnancy is recognized during the first trimester, the woman should be counseled regarding the benefits and potential risks of antiretroviral administration during this period, and continuation of therapy should be considered.
	If therapy is discontinued during the first trimester, all drugs should be stopped and reintroduced simultaneously to avoid the development of resistance.
	If the current therapeutic regimen does not contain ZDV, the addition of ZDV or substitution of ZDV for another nucleoside analogue antiretroviral is recommended after 14 weeks gestation. Intrapartum and newborn ZDV administration is recommended regardless of the antepartum antiretroviral regimen.
Scenario #3: HIV-infected women in labor who have had no prior therapy.	Administration of intrapartum intravenous ZDV should be recommended along with the 6-week newborn ZDV regimen.
	In the immediate postpartum period, the woman should have appropriate assessments (e.g., CD4 count, HIV–1 RNA copy number) to determine if antiretroviral therapy is recommended for her own health.
Scenario #4: Infants born to mothers who have received no antiretroviral therapy during pregnancy or intrapartum.	The 6 week neonatal ZDV component of the ZDV chemoprophylactic regimen should be discussed with the mother and offered for the newborn.
	ZDV should be initiated as soon as possible after birth, preferably within 12–24 hours after birth.
	Some clinicians may choose to use ZDV in combination with other antiretroviral drugs, particularly if the mother has known or suspected ZDV-resistant virus. However, the efficacy of this approach is unknown and appropriate dosing regimen for neonates are incompletely defined.
	In the immediate postpartum period, the woman should undergo appropriate assessments (e.g., CD4 count, HIV–1 RNA copy number) to determine if antiretroviral therapy is required for her own health.

*General note: Discussion of treatment options and recommendations should be noncoercive, and the final decision regarding the use of antiretroviral drugs is the responsibility of the woman. A decision to not accept treatment with ZDV or other drugs should not result in punitive action or denial of care, nor should use of ZDV be denied to a woman who wishes to minimize exposure of the fetus to other antiretroviral drugs and therefore chooses to receive only ZDV during pregnancy to reduce the risk of perinatal transmission.

[FR Doc. 97–17854 Filed 7–8–97; 8:45 am]
BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advisory Commission on Consumer Protection and Quality in the Health Care Industry; Public Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act, Pub. L. 92–463, notice is hereby given of the meeting of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. This two-day meeting will be open to the public, limited only by the space available.

Place of meeting: The Sheraton Burlington Hotel & Conference Center; 870 Williston Road; South Burlington, VT 05403. Exact locations of the sessions will be announced in the hotel lobby.

Times and Dates: The public meeting will span two days. On Monday, July 21, 1997, the subcommittee break-out sessions will take place from 8 a.m. until 12 p.m. In the afternoon, the full Commission will convene at 12:45 p.m. and the meeting will continue until 5 p.m. On Tuesday, July 22, the Commission will reconvene at 8:30 a.m. with adjournment at 1 p.m.

Purpose/Agenda: To hear testimony and continue formal proceedings of the Commission's four (4) subcommittees. Agenda items are subject to change as priorities dictate.

Contact Person: For more information, including substantive program information and summaries of the meeting, please contact: Edward (Chip) Malin, Hubert Humphrey Building, Room 118F, 200 Independence Avenue, SW., Washington, DC 20201; (202/205–3333)

Dated: July 1, 1997.

Janet Corrigan,

Executive Director, Advisory Commission on Consumer Protection & Quality in the Health Care Industry.

[FR Doc. 97–17814 Filed 7–8–97; 8:45 am]
BILLING CODE 4110–60–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statement of Organization, Functions, and Delegations of Authority; Program Support Center

Part P (Program Support Center) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (60 FR 51480, October 2, 1995 as amended most recently at 62 FR 25955, May 12, 1997) is amended to reflect changes in Chapters PB and PF within Part P, Program Support Center, Department of Health and Human Services (HHS). The Systems Networking Division is being transferred from the Information Technology Service to the Human Resources Service because the nature of the Division's work will continue to be closely tied to the personnel systems of the Human Resources Service.